

4L-174-06

**ecology and environment, inc.**

223 WEST JACKSON BLVD., CHICAGO, ILLINOIS 60606, TEL. 312-663-9415

International Specialists in the Environmental Sciences

DATE: June 16, 1983
TO: File/USEPA Region V
FROM: Glenn Cekus
SUBJECT: Preliminary Assessment
Illinois/TDD#R5-8212-01A-174
Sauget/Sauget and Company Landfill
ILD000605790

Attached is EPA's Preliminary Assessment Form 2070-12 for the above referenced site. ..

Primary information was gathered from the following source(s):

1. U. S. Environmental Protection Agency Erris files, Region V - Chicago
2. Perry Mann, Illinois Environment Protection Agency,
3. Collinsville, IL

Information indicates the following responsible parties should be listed. They are listed here because of space limitations:

1. The Pillsbury Company, Minneapolis, MN
2. Browning-Ferris Industries of St. Louis, Inc.
Mr. Paul Sauget, 2700 Monsanto Ave., Sauget, IL
3. Clayton Chemical Company, Clayton, MO,

Presently, data gaps or no verification exists in the following key area(s):

1. Quantity of hazardous waste on sites
2. Effect on groundwater during groundwater charging by river.
3. Location of possible buried drums on site.

A review of the available data indicates that additional information will be necessary to assess the impact(s) on:

1. Groundwater
2. Surface water
- 3.
- 4.
- 5.

Suggested methods/sources for obtaining additional information are:

1. Soil borings for the determination of contamination.
2. Magnetometer or ground penetrating radar survey.
3. Results from FIT contractor when completed.

Notice of an apparent need for emergency action was transmitted to N/A on N/A
by N/A.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL 0000605790

II. SITE NAME AND LOCATION

01 SITE NAME (If legal, common, or descriptive name of site) SAUGET LDFL
SAUGET & CO. LDFL SAUGET/SAUGET
02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER NEAR LEVEE ROAD + MONSANTO AVE
03 CITY SAUGET
04 STATE 05 ZIP CODE 06 COUNTY 07 COUNTY CODE 08 CONG DIST
IL 62201 St. CLAIR 163 23
09 COORDINATES LATITUDE LONGITUDE
38°34'50.2" 090°11'09.1" TOPO MAP: CAHOKIA IL

10 DIRECTIONS TO SITE (Starting from nearest public road)
I-55 TO STATE ROUTE 3. SOUTH ON STATE ROUTE 3 TO MONSANTO AVE. WEST ON MONSANTO AVE. TO PITZMAN AVE. SOUTH ON PITZMAN AVE TO LEVEE ROAD. FOLLOW LEVEE RD TO SITE

III. RESPONSIBLE PARTIES

01 OWNER (If known) MR. PAUL SAUGET (SAUGET & CO.)
02 STREET (Business, mailing, residential) 2700 MONSANTO AVENUE
03 CITY SAUGET
04 STATE 05 ZIP CODE 06 TELEPHONE NUMBER
IL 62201 (618) 337-5267
07 OPERATOR (If known and different from owner) SAME
08 STREET (Business, mailing, residential)
09 CITY
10 STATE 11 ZIP CODE 12 TELEPHONE NUMBER

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: (Specify) ☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☐ A. RCRA 3001 DATE RECEIVED: NONE MONTH DAY YEAR ☒ B. UNCONTROLLED WASTE SITE (CERCLA 103(c)) DATE RECEIVED: 6, 9, 81 MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION ☒ YES DATE 4, 15, 83 MONTH DAY YEAR BY (Check all that apply)
☐ NO ☐ A. EPA ☐ B. EPA CONTRACTOR ☒ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: (Specify)
CONTRACTOR NAME(S):

02 SITE STATUS (Check one)

☒ A. ACTIVE ☐ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION

1962 1975
BEGINNING YEAR ENDING YEAR ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

METALS (TOXIC/PERSISTANT), SLUDGE (TOXIC/IGNITABLE), SOLVENTS (FLAMMABLE/TOXIC) PESTICIDES (TOXIC/PERSISTANT), ORGANICS (SOLUBLE/TOXIC) INORGANICS (TOXIC/PERSISTANT), ACIDS (CORROSIVE/TOXIC)

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

GROUNDWATER (ENVIRONMENT), SURFACE WATER (ENVIRONMENT/POPULATION), FIRE/EXPLOSIVE (POPULATION), CONTACT (POPULATION), FLORA AND FAUNA (ENVIRONMENT), FOOD CHAIN (POPULATION/ENVIRONMENT).

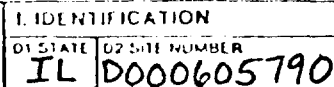
V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☐ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT PERRY MANN
02 OF (Agency/Organization) ILL. EPA COLLINSVILLE IL
03 TELEPHONE NUMBER 618-345-4606
04 PERSON RESPONSIBLE FOR ASSESSMENT
05 AGENCY 06 ORGANIZATION 07 TELEPHONE NUMBER 08 DATE
() MONTH DAY YEAR



1.1 HIGHLY VOLATILE
1.2 EXPLOSIVE
1.3 REACTIVE
1.4 INCOMPATIBLE
1.5 NOT APPLICABLE

USEPA ERRIS FILES - REGION II - CHICAGO
PERRY MANN, ILL. EPA COLLINSVILLE IL.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D000605790

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: ~ 4-15-83) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~ 12000 04 NARRATIVE DESCRIPTION

LEACHATE FROM SITE CONTAMINATED WITH HEAVY METALS:
MANGANESE 7.7 PPM TO 34 PPM, BORON 5.8 PPM, PCB - 1.0 PPM,
PHOS 6.1 PPM. SAMPLED ON OCT 28, 1981

01 ☒ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: OCT 28, 1981) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION 4-15-83

KEN MENSING (SEE ITEM D) INSPECTED SITE AND NOTED
LEACHATE STREAMS ENTERING THE MISSISSIPPI RIVER. SEE
"A" ABOVE

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS 02 ☒ OBSERVED (DATE: OCT 4, 10, 17, 1978) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

THE STATE DIV. OF LAND/NOISE POLLUTION CONTROL VISITS THE SITE
TO MONITOR AN UNDERGROUND FIRE. THE INSPECTOR WAS
KENNETH MENSING

01 ☒ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☒ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 12000 04 NARRATIVE DESCRIPTION

SITE HAS UNRESTRICTED ACCESS

01 ☒ F. CONTAMINATION OF SOIL 02 ☒ OBSERVED (DATE: OCT 28, 1981) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: 30-40 (ACRES) 04 NARRATIVE DESCRIPTION

01 ☒ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

AQUIFER OF CONCERN IS NOT USED FOR DRINKING WATER.
WATER INTAKE FROM MISSISSIPPI RIVER IS APPROXIMATELY
2 MILES UPSTREAM OF SITE.

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE:) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: 04 NARRATIVE DESCRIPTION

01 ☒ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE:) ☒ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 12000 04 NARRATIVE DESCRIPTION

See "E" ABOVE.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D000605790

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☒ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

FROM HEAVY METALS IN LEACHATE

01 ☒ K. DAMAGE TO FAUNA

04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

FROM HEAVY METALS IN LEACHATE

01 ☒ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

see "J" AND "K" ABOVE

01 ☒ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, unconfined drums, leaking drums)

03 POPULATION POTENTIALLY AFFECTED: 120000

02 ☐ OBSERVED (DATE: 4-15-83)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

SITE HAS NOT BEEN PROPERLY CLOSED. LEACHATE STREAMS ENTER IN RIVER.

01 ☐ N. DAMAGE TO OFF SITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

01 ☒ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: ~4-15-83)

☐ POTENTIAL

☐ ALLEGED

LITIGATION IS IN PROCESS TO HAVE MR. SAUGER PROPERLY CLOSE SITE. SITE HAS BEEN CITED SEVERAL TIMES OVER THE PAST 13 YEARS FOR ILLEGAL OPERATION

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

NORLING FACTOR → 15

III. TOTAL POPULATION POTENTIALLY AFFECTED: 120,000

IV. COMMENTS

LANDFILL IS SUPPOSED TO HAVE BURIED DRUMS ON SITE. ACCORDING TO MR. MANN, IT IS VERY DIFFICULT TO DETERMINE GROUNDWATER CONTAMINATION SOURCES IN THIS AREA.

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

USEPA ERRIS FILES → REGION II - CHICAGO
PERRY MANN IL. EPA COLLINSVILLE IL



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION

REGION

SITE NUMBER

5

TL000016117

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

A. SITE NAME

Monsanto (Sauget) Landfill

B. STREET (or other identifier)

Address unreported

C. CITY

Sauget

D. STATE

Illinois

E. ZIP CODE

F. COUNTY NAME

G. OWNER/OPERATOR (if known)

1. NAME

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP (if known)

☐ 1. FEDERAL☐ 2. STATE☐ 3. COUNTY☐ 4. MUNICIPAL☐ 5. PRIVATE☐ 6. UNKNOWN

I. SITE DESCRIPTION

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

K. DATE IDENTIFIED
(mo., day, & yr.)

L. SUMMARY OF POTENTIAL OR KNOWN PROBLEM

M. PREPARER INFORMATION

1. NAME

2. TELEPHONE NUMBER

3. DATE (mo., day, & yr.)



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION V	SITE NUMBER (to be assigned by HQ)
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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION			
A. SITE NAME Sauget and Co. Landfill		B. STREET (or other Identifier) Monsanto Ave.	
C. CITY Sauget	D. STATE Ill.	E. ZIP CODE 62206	F. COUNTY NAME St. Clair
G. OWNER/OPERATOR (if known) 1. NAME Paul Sauget		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Sanitary Landfill			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 10/15/79
L. PRINCIPAL STATE CONTACT 1. NAME Bill Child		2. TELEPHONE NUMBER (217) 782-6760	
II. PRELIMINARY ASSESSMENT (complete this section last)			
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN			
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)			
C. PREPARER INFORMATION 1. NAME Michael L. Mott 2. TELEPHONE NUMBER (312) 353-2114 3. DATE (mo., day, & yr.) 3/26/80			
III. SITE INFORMATION			
A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)			
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):			
C. AREA OF SITE (in acres) 35	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)		
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):			

IV. CHARACTERIZATION OF SITE ACTIVITIES

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. BARGE	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. TRUCK	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. PIPELINE	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. OTHER (specify):	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDDY DUMPING
	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☐ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☐ 6. TOXIC ☐ 7. REACTIVE ☒ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify):
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify):

B. IN COMPLIANCE?

- ☐ 1. YES ☒ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): *Environmental Protection Act and IPCB solid waste rules and IPCB opinion order, PCB 77-84*

VIII. PAST REGULATORY ACTIONS

(8-24-78)

- ☐ A. NONE ☒ B. YES (summarize below)

Board Order issued 8-24-78 directed the placement of final cover. Letters issued 10-16, 17-79 directing cease to open burning and advising to provide final cover.

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	10-4, 10, 17-79	State	Monitor underground fire.
Inspection	10-4-79	State	Monitor progress in providing cover

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Warning letter	10-16-79	State	Underground fire and failure to cover

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

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POTENTIAL HAZARDOUS WASTE SITE TENTATIVE DISPOSITION		REGION <div style="border: 1px solid black; padding: 2px; text-align: center;">IV</div>	SITE NUMBER <div style="border: 1px solid black; padding: 2px; text-align: center;"> IL-00000860 </div>	
File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.				
I. SITE IDENTIFICATION				
A. SITE NAME SAULET CO. LANDFILL		B. STREET MONSANTO AVE		
C. CITY SAULET		D. STATE ILLINOIS	E. ZIP CODE 62206	
II. TENTATIVE DISPOSITION				
Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.				
RECOMMENDATION	MARK 'X'	ACTION AGENCY		
		EPA	STATE	LOCAL
A. NO ACTION NEEDED -- NO HAZARD				
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)		X		
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)				
D. ENFORCEMENT ACTION NEEDED (if yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)				
E. RATIONALE FOR DISPOSITION INSUFFICIENT INFORMATION				
F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)		G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)		
H. PREPARER INFORMATION				
1. NAME P. DIMOCK		2. TELEPHONE NUMBER 886-6740		3. DATE (mo., day, & yr.) 7-28-80
III. INVESTIGATIVE ACTIVITY NEEDED				
A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.				
B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)				
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

Continued From Front

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)**d. TYPE OF LAB ANALYSIS**

(1)

(2)

e. OTHER (specify)

(1)

(2)

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.**D. ESTIMATED MANHOURS BY ACTION AGENCY**

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS**A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site):** List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

V

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Sauget and Co. Landfill		B. STREET (or other identifier) Monsanto Ave	
C. CITY Sauget	D. STATE Ill.	E. ZIP CODE 62206	F. COUNTY NAME St. Clair
G. OWNER/OPERATOR (if known) 1. NAME Paul Sauget		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION Sanitary Landfill			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) Eckhardt Report			K. DATE IDENTIFIED (mo., day, & yr.) 10/15/79
L. PRINCIPAL STATE CONTACT 1. NAME Bill Child		2. TELEPHONE NUMBER (217) 782-6760	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input checked="" type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION

1. NAME Michael L. Mott	2. TELEPHONE NUMBER (312) 353-2114	3. DATE (mo., day, & yr.) 3/26/80
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres) 35	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 2. LONGITUDE (deg.-min.-sec.)
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify):	

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☐ 1. YES ☒ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): Environmental Protection Act and IPCB solid waste rules and IPCB opinion order, PCB 77-84

VIII. PAST REGULATORY ACTIONS

(8-24-78)

- ☐ A. NONE ☒ B. YES (summarize below)

Board Order issued 8-24-78 directed the placement of final cover. Letters issued 10-16-79 directing cease to open burning and advising to provide final cover.

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	10-4, 10, 17-79	State	Monitor underground fire.
Inspection	10-4-79	State	Monitor progress in providing cover

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Warning letter	10-16-79	State	Underground fire and failure to cover

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

IL#407

ILS-000-001-277

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Browning-Ferris Industries of St. Louis, Inc.

Street 11506 Bowling Green

City Creve Coeur

State MO.

Zip Code 63141

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Sanger Landfill

Street Levee Rd AREA

City St. Louis County ST CLAIR State ILL.

Zip Code 62208

ILD000605790

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Wells, Tom - District Manager

Phone (314) 567-3330

615-522-8161

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1963

To (Year) 1970

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☒ Inorganics
3. ☒ Solvents
4. ☒ Pesticides
5. ☒ Heavy metals
6. ☒ Acids
7. ☐ Bases
8. ☐ PCBs

* 9. ☒ Mixed Municipal Waste

** 10. ☐ Unknown

11. ☒ Other (Specify)

* Sanitary sewage sludge with small quantities of unknown hazardous waste.

** Small quantities of unknown hazardous wastes mixed with industrial/commercial/municipal/household wastes.

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Mining
2. ☒ Construction
3. ☐ Textiles
4. ☒ Fertilizer
5. ☒ Paper/Printing
6. ☒ Leather Tanning
7. ☒ Iron/Steel Foundry
8. ☒ Chemical, General
9. ☒ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☒ Transformers
13. ☒ Utility Companies
14. ☒ Sanitary/Refuse
15. ☒ Photofinish
16. ☐ Lab/Hospital
17. ☒ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000297 JUN-981

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amountcubic feet unknown

gallons _____

Total Facility Area

square feet _____

acres 30 A**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☒ ^{Unknown}~~Suspected~~ ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

***J** "The information contained herein is based upon the personal knowledge or recollection of the individual compiling the information or upon records or other informational sources reasonably available to him (see item C). The information herein is accurate and complete to the best of the knowledge and belief of the submitter. The indication in Item E, numbers 9 and 10 does not constitute an admission that such wastes, if they exist, are in fact hazardous. The indication in Item G that a release is "known" or "likely" does not constitute an admission that such release is either continuing or, if it is, that it poses a threat to human health or the environment."

***J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Stephen L. Thomas, Vice-President

Street _____

City _____

State _____

Zip Code _____

Signature Stephen L. ThomasDate 6/9/81

- ☐ Owner, Present
☐ Owner, Past
☒ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other



Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

810609

IL #109

ILS-000-001-095

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name The Pillsbury Company
Street 608 2nd Avenue South
City Minneapolis State Minn. Zip Code 55402

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site East St. Louis (Sauget) (Sauget, Saugett)
Street #10 Pitzman - SAME AS LEDGE AVE
City East St. Louis County St. Clair State Ill. Zip Code 62201

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Smith, Carl A.
Phone (612) 330-5165

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1959 To (Year) 1973

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

- 1. ☐ Organics
- 2. ☐ Inorganics
- 3. ☐ Solvents
- 4. ☐ Pesticides
- 5. ☐ Heavy metals
- 6. ☐ Acids
- 7. ☐ Bases
- 8. ☐ PCBs
- 9. ☒ Mixed Municipal Waste
- 10. ☒ Unknown
- 11. ☐ Other (Specify)

Source of Waste:
Place an X in the appropriate boxes.

- 1. ☐ Mining
- 2. ☐ Construction
- 3. ☐ Textiles
- 4. ☐ Fertilizer
- 5. ☐ Paper/Printing
- 6. ☐ Leather Tanning
- 7. ☐ Iron/Steel Foundry
- 8. ☒ Chemical, General
- 9. ☐ Plating/Polishing
- 10. ☐ Military/Ammunition
- 11. ☐ Electrical Conductors
- 12. ☐ Transformers
- 13. ☐ Utility Companies
- 14. ☒ Sanitary/Refuse
- 15. ☐ Photofinish
- 16. ☐ Lab/Hospital
- 17. ☒ Unknown
- 18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

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Notification of Hazardous Waste Site

Side Two

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☒ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet Unknown

gallons _____

Total Facility Area

square feet _____

acres 40 A

G Known, Suspected or Likely Releases to the Environment:

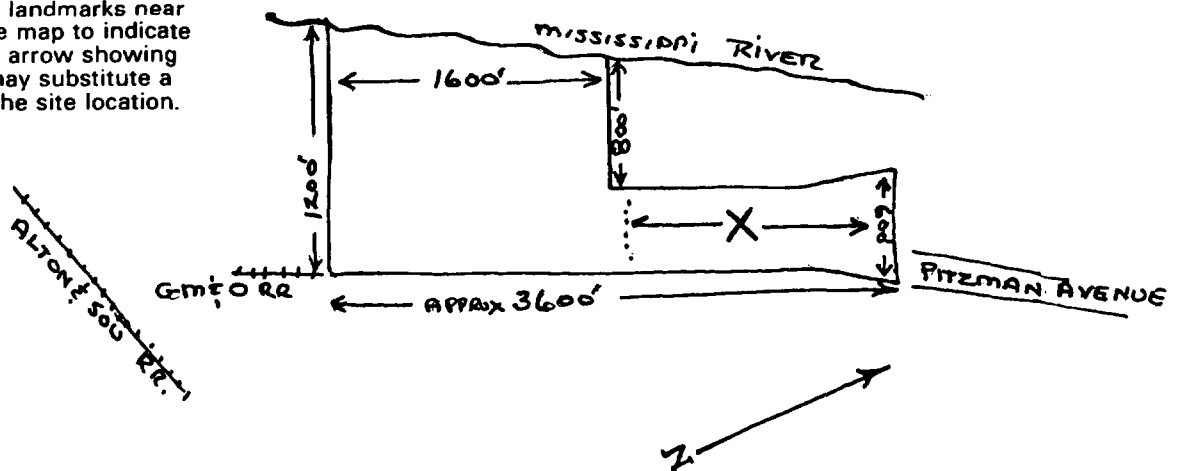
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☒ Known ☐ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.



I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

The Pillsbury Company leased this property as of September 1, 1979. Prior to our lease the property was in general use as a municipal waste disposal site. It is located next to a former disposal area operated by Monsanto which is now fenced off and posted "Danger - Unauthorized Personnel Keep Out". This area is that portion of property just west of our area designated by X above.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name The Pillsbury Company M330

Street 608 2nd Avenue South

City Minneapolis State Mn Zip Code 55402

Signature Care Smith Date June 3, 1981

Director Safety and Regulatory Affairs

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☒ Operator, Present
- ☐ Operator, Past
- ☐ Other

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

IL #229

816609

ILS-000-001-040

Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name Union Electric Company

Street 1901 Gratiot Street

City St. Louis

State MO

Zip Code 63103

Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site Cahokia Venice Roxford Transmission Line R/o/W

Street #1 MONSANTO AVE EXTENDED

City Sauget

County St. Clair State IL

Zip Code 66202

Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Siedhoff, Thomas, Asst. Mgr. Envir. Serv.

Phone (314) 621-3222, Extension 2637

Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) Unknown

To (Year) Present 1981

Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in item 1—Description of Site.

General Type of Waste:

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Source of Waste:

Place an X in the appropriate boxes.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☒ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☒ Unknown
18. ☐ Other (Specify)

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

000054-JUN-981

JUN 11 1981

F

Waste Quantity:

Place an X in the appropriate boxes indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☒ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amountcubic feet Unknown

gallons _____

Total Facility Area

square feet _____

acres 17.9 18A

G

Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Jerrel D. SmithStreet 1901 Gratiot StreetCity St. Louis State MO Zip Code 63103Signature Jerrel D. SmithDate 6/8/81

- ☒ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☐ Other